

This form is required in accorda receives state reimbursement e									
Due Dates All Routes				ounty Sup	t To OPI October 15		Rate Per Mile \$1.57		
County Name			County Number	District	Name		Legal Entity Number		
Fergus			14		town Public Schools		0258 0259		
Route #	Length of	of Route (miles per day)	Type of	Type of Service ☐ Bus Route M☐ Non Bus Mile		Rated Capacity		
1	101.8			Bus R	Bus Route Mileage 72				
Vehicle I.D. #				□ District Owned □ District Owned □ Contract - If so, Name of Owner					
Reimbursement Distribution- Enter the legal entity number and per			number and percentage		cted rate per mile	naid to each die	etrict Note: Percentages		
<u></u>			must m	atch budget	t!				
Legal Entity 0258	o ,			Legal E	ntity	Legal Entit	ry		
% 67.00 % 33.00		00	%		%				
PASSENGER INFORMATION	_								
Number of Preschool/Kindergar riding this route	ten pupils	6	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS		
	a NUMBE		a NUMBER		b NUMBEI	₹	с а + b		
Regular (include eligible Preschool/kriders)	Kindergarte	en	NOMBER		NOWBE	<u> </u>	u · b		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)									
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		rs)							
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in									
I certify that this application for i	accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees		y ariu With	ını üle iransportation se	ivice area a	issigned by the County Tr	Date Date	millee.		
County 3	Fransnort	tation Co	mmittee Annroval as i	required in	accordance with Sectio	n 20-10-132 MC	:Δ		
This Application for Registration area assigned to it by the Count	of Schoo ty Transpo	ol Bus and ortation C	State Reimbursement						
Signature - Chair, County Transport	ation Comn	mittee				Date			



receives state reimbursement e Due Dates All Routes	ven thos		ortees of another le	egal entity	y may utilize th nty Supt			Rate Per Mile \$1.15
County Name			County Number		District Name			Legal Entity Number
Fergus			14		Lewistown	Public Schools		0258 0259
Route #	Leng	th of Route	(miles per day)		Type of Service	ce 🗆 Bus Route Mi	•	Rated Capacity
9	120				Bus Route	□ Non Bus Mile Mileage	age	53
Vehicle I.D. #	License #						District Own	
5515 8492						so, Name of Owner ate per mile		
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be pai						aid to each dis	strict. Note: Percentages	
Legal Entity		Legal Entit		ust match	n budget! Legal Entity		Legal Entit	V
			259		ŭ ,			,
% 67.00		% 33	3.00		%		%	
PASSENGER INFORMATION								
Number of Preschool/Kindergar riding this route	ten pu	pils	ELEMENTARY (Grades Ph			HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBEI	R		b NUMBER		c a + b
Regular (include eligible Preschool/hriders)	Kinderga	arten				-		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service	;						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderc	lance							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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bus operates on the route as ap Signature - Chair, Board of Trustees		by and wit	thin the transportation	on servic	e area assigne	ed by the County Tran	sportation Cor	nmittee.
This Application for Registration area assigned to it by the Count	of Sch	nool Bus an	d State Reimburser			dance with Section and I certify that this		
Signature - Chair, County Transports	,						Date	



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 Legal Entity Number County Name County Number District Name Lewistown Public Schools 0258 0259 Fergus Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 120.4 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 8605 43 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0258 0259 % % % 67.00 % 33.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that
Due Dates All Routes				County Suprober 1	t To OPI October 15		Rate Per Mile \$0.95
County Name			County Number	District	Name		Legal Entity Number
Fergus			14	Lewis	town Public Schools		0258 0259
Route #	Length	of Route (miles per day)	Type of	f Service ☐ Bus Route Mi	U	Rated Capacity
7	98.9			Bus R	□ Non Bus Mile Route Mileage	age	48
Vehicle I.D. #	Lic	cense #		□ District		District Own	ed
2901 474					ct - If so, Name of Owner cted rate per mile		
				e of state/conatch budget		aid to each dis	trict. Note: Percentages
Legal Entity	Legal Entity Legal Entity 0258 0259			Legal Entity Le			у
0256	0239						
% 67.00		% 33.	00	%		%	
PASSENGER INFORMATION			ELEMENTA DV DID	ED0	LIIOU AQUAQU DI	DEDO	TOTAL
			ELEMENTARY RIDI (Grades PK-8)	EKS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
	a		a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/Kindergarten					NOMBER		a · b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	lance	rs)					
TOTAL RIDERS							
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County 1	Franspor	tation Co	mmittee Approval as	required in	accordance with Section 2	 20-10-132, MC	:A.
This Application for Registration area assigned to it by the Count	of School ty Transp	ol Bus and ortation C	State Reimbursement				
Signature - Chair, County Transporta	ation Comr	mittee				Date	



I his form is required in accorda receives state reimbursement e Due Date: All Routes	ven thos		ortees of another le	egal entity	y may utilize t nty Supt		one form for e	Rate Per Mile \$1.36
County Name			County Number		District Nam	е		Legal Entity Number
Fergus			14		Lewistowr	n Public Schools		0258 0259
Route #	Leng	th of Route	(miles per day)		Type of Serv	rice □ Bus Route M	•	Rated Capacity
5	98.8	3			Bus Route	□ Non Bus Mile	eage	60
Vehicle I.D. #	Licence #						District Owr	
0343		321				so, Name of Owner rate per mile		
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to must match budget!						paid to each dis	strict. Note: Percentages	
Legal Entity 0258		Legal Enti		ust mater	Legal Entity		Legal Enti	ty
% 67.00		% 33	3.00		%		%	
PASSENGER INFORMATION		1		DIDED	<u> </u>	1110110011001	IDEDO	T07**
Number of Preschool/Kindergar riding this route	ten pu	pils	ELEMENTARY (Grades Ph		5	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBEF	R		b NUMBER		c a + b
Regular (include eligible Preschool/kriders)	Kinderga	arten						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	l Service	•						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderchool/Kinderchool/Kinderchool/Kinderchool/Kinderchool/Kinderchool/Kinderchool/Kinderchool/Kinderch	lance garten ri							
Nonpublic School Riders (ineligible) TOTAL RIDERS								
TOTAL RIBLING								
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bus operates on the route as ap	proved						nsportation Co	
Signature - Chair, Board of Trustees	•						Date	
County This Application for Registration area assigned to it by the County	of Sch	nool Bus ar	d State Reimburser			ordance with Section ed and I certify that the		
Signature - Chair, County Transport	,						Date	



This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile Due Dates: All Routes County Name County Name County Number District Name Legal Entity Number To OPI October 1 District Name Legal Entity Number District Name Legal Entity Number Type of Service Bus Route Mileage Route Mileage Bus Route Mileage Bus Route Mileage All Capacity Type of Service Contract - If so, Name of Owner Contract - If so					•	
Due Dates					one form for ea	
Country Name Country Number District Name Legal Entity Number						
Pergus	All Routes	Octo	ober 1	October 15		\$0.95
Reuter (miles per day) Type of Service Bus Route Mileage Rated Capacity Non Bus Mileage 48	County Name	County Number	District	Name		Legal Entity Number
Route # Length of Route (miles per day) Type of Service Bis Route Mileage A8	Fergus	14	Lewis	town Public Schools		0258 0259
Vehicle I.D. # License # District Owned District Owned Ocontract - If so, Name of Owner Contract - If so, Name of Owner Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Responsibility Society Socie	Route # Length of F	Route (miles per day)	Type of			Rated Capacity
Contract - If so, Name of Owned	10 61		Bus R		age	48
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget. Legal Entity O258 Legal Entity Legal En	Vehicle I.D. # Licens	□ District	: Owned [District Own	ed	
Legal Entity D258 Legal Entity Legal Enti	4603 31		*			
Legal Entity 0258 % 100.00 % % % PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) Number of Preschool/Kindergarten pupils (Grades PK-8) Regular (include eligible Preschool/Kindergarten inders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement). Nonpublic School Riders (ineligible) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Minenaent and County Superintendent as are required; to provide a Public which meets the minimum standards as established by the Board of Public Education, the Minenaent and County Superintendent as are required; to provide a Public which meets the minimum standards as established by the Board of Public Education, the Minenaent and County Superintendent as are required; to provide a Public education, the Minenaent and County Superintendent as superintendent, and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation area.	Reimbursement Distribution- Enter the legal				aid to each dis	trict. Note: Percentages
% 100.00 % % % **RESSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) **Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) **TOTAL ELIGIBLE RIDERS** TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** **We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Educion, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to terfain from soliciting or causing others to solicit students from other transportation area.					Legal Entit	у
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Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS riding this route a b b c c NUMBER Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and county Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.	PASSENGER INFORMATION					
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	Superintendent, and to provide a licensed, qualified	d and approved driver to operate	such vehicle a	s required by 20-10-103, MCA.		and the state
We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.	We understand that violations of the laws, rules				olding of state a	nd county reimbursement for
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We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.						
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the						
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date						
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.	This Application for Registration of School B	us and State Reimbursement				
Signature - Chair, County Transportation Committee Date	, , ,				Date	



This form is required in accordant receives state reimbursement events.						one form for ea	ach bus route that	
Due Dates		J	· ·	County Sup			Rate Per Mile	
All Routes				ober 1	October 15		\$1.80	
County Name			County Number	District	Name		Legal Entity Number	
Fergus			14	Lewis	town Public Schools		0258 0259	
Route #	Length	of Route ((miles per day)	Type o	Service Bus Route Mi		Rated Capacity	
8	63.6			Bus F	□ Non Bus Mile Route Mileage	84		
Vehicle I.D. #	Lic	cense #		□ Distric	Owned [District Own	ed	
0344	1 400			ct - If so, Name of Owner cted rate per mile				
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to must match budget!						aid to each dis	strict. Note: Percentages	
Legal Entity 0258	Le	egal Entity	1		Legal Entity Legal Entity			
0258 0259		209						
% 67.00		% 33.	00	%		%		
PASSENGER INFORMATION			ELEMENTARY RID	-DC	HIGH SCHOOL RI	DEDC	TOTAL	
Number of Preschool/Kindergard riding this route	ten pupils	s	(Grades PK-8)	EKS	(Grades 9-12		ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/K	Cindergarte	en	NOMBER		NOWBER		a · b	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda								
agreement) (Include ineligible Preschool/Kinderg	arten rider	rs)						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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This Application for Registration	of School	ol Bus and	d State Reimbursement		accordance with Section 2 eviewed and I certify that this			
area assigned to it by the Count Signature - Chair, County Transporta			ommuee.			Date		



I his form is required in accorda receives state reimbursement e Due Date: All Routes	ven thos			legal entit	ty may utilize Inty Supt	the services.	·	ne form for e	Rate Per Mile \$1.80
County Name			County Number		District Nar	ne			Legal Entity Number
Fergus			14		Lewistow	n Public Sc	chools		0258 0259
Route #	Leng	th of Route	e (miles per day)		Type of Service ☐ Bus Route M			•	Rated Capacity
2	76.6	3			Rus Rout	□ Non te Mileage	Bus Milea	ge	84
Vehicle I.D. #	hicle I.D. # License #				District Ow		D	istrict Own	
7510 8509						If so, Name of I rate per mile	Owner		
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be pair must match budget!						id to each dis	strict. Note: Percentages		
Legal Entity		Legal Ent		nust mate	Legal Entity	'		Legal Entit	ty
			0259						
% 67.00		% 3	3.00		%				
PASSENGER INFORMATION					_				
Number of Preschool/Kindergar riding this route	ten pu	pils	ELEMENTARY (Grades F		5		CHOOL RIE ades 9-12)	DERS	TOTAL ELIGIBLE RIDERS
			a NUMBE	ER		N	b IUMBER		c a + b
Regular (include eligible Preschool/Inders)	Kinderga	arten							
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	l Service	Э							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	lance garten ri								
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
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Signature - Chair, Board of Trustees		u by and W	iuiiii uie tiansportat	uon servi	ce area assig	med by the Co	unty Ifans	Date Date	mmillee.
	_						2 "		
This Application for Registration area assigned to it by the Countries	of Sch	hool Bus a							
Signature - Chair, County Transport	,							Date	



This form is required in accorda receives state reimbursement e							one form for e	ach bus route that	
Due Dates			·		inty Supt			Rate Per Mile	
All Routes				Octobe		October 15		\$1.15	
County Name			County Number		District	Name		Legal Entity Number	
Fergus			14		Lewis	town Public Schools		0258 0259	
Route #	Leng	th of Rou	te (miles per day)		Type of	Service Bus Route M		Rated Capacity	
3	76.6	3			Bus R	□ Non Bus Mile Soute Mileage	eage	53	
Vehicle I.D. #		License #	#		District	Owned	District Owr	ied	
8855	417 Contract - If so, Name of Ow Contracted rate per mile								
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement must match budget!						aid to each dis	strict. Note: Percentages		
Legal Entity		Legal En	ntity		Legal Entity Legal Entity				
0258	0239		0259						
% 67.00		% :	33.00		%		%		
PASSENGER INFORMATION			ELEMENTA DV	DIDED	2	Lucu couloo: P	IDED0	TOTAL	
Number of Preschool/Kindergar riding this route	ten pu	pils	ELEMENTARY F (Grades PK		5	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER)		b NUMBER		c a+b	
Regular (include eligible Preschool/h	Kinderga	arten	NOMBER	`		NOWIBER		a + b	
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service	Э							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend		3							
agreement) (Include ineligible Preschool/Kinderg		iders)							
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
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						accordance with Section			
This Application for Registration area assigned to it by the Count				nent ha	s been re	eviewed and I certify that thi	s bus operates	within the transportation	
Signature - Chair, County Transporta							Date		



This fame is no misseline		:u- T:u - C	00 Ob t 40 D-	+ 4 1404	0-11-1					
This form is required in a receives state reimburse								one form for ea	ach dus route that	
	e Dates:	-	-	Ū	ounty Supt		To OPI		Rate Per Mile	
	Routes.			Octob		•	October 15		\$0.95	
County Name			County Numb	oer	District	Name		Ī	Legal Entity Number	
,										
Fergus Route #	Lend	ath of Ro	ute (miles per day)				ic Schools Bus Route Mile	9309	0258 0259 Rated Capacity	
		gurorito	ate (miles per day)		Type of		ige			
6 Vehicle I.D. #	78	License	. 4		•	Bus Route Mileage 48				
				□ District□ Contra		D me of Owner	istrict Own	ed		
1888 251					cted rate per					
Reimbursement Distribut	ntity number and pe				sement to be pa	aid to each dis	trict. Note: Percentages			
Legal Entity Legal Entity			Entity	must ma	tch budget Legal E			Legal Entit	у	
0258			0259			-				
0/ 07 00		22.00		0/			0/			
% 67.00 PASSENGER INFORMA	ATION	%	33.00		%			%		
	ELEMENTA		RS	HIG	SH SCHOOL RIE		TOTAL			
Number of Preschool/Kindergarten pupils riding this route			(Grade	s PK-8)			(Grades 9-12)		ELIGIBLE RIDERS	
		-		<u></u> а			b		C	
			NUM		NUMBER			a + b		
Regular (include eligible Preschool/Kindergarten riders)										
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC	()									
Non-WC IEP Lists Trans as	Related Service	е								
TOTAL ELIGIBLE RIDE	RS									
Ineligible Public School Ride		3								
miles OR nonresident and n agreement)										
(Include ineligible Preschool Nonpublic School Riders (in		riders)								
TOTAL RIDERS										
10171211132110										
We hereby certify that thi County Transportation Com										
We agree to supervision required; to provide a vehicle	of this bus and	l bus route	by the State Superin	tendent; to	make such r	eports to the S	State Superintende	nt and County S	Superintendent as are	
Superintendent; and to prov	ide a licensed,	qualified a	and approved driver to	o operate si	uch vehicle a	s required by 2		ngnway Fallor	and the State	
							nt cause for withho	olding of state ar	nd county reimbursement for	
this bus route. We agree that if this rout	e crosses distri	ict lines an	nd transports students	from outsid	de the distric	t, a copy of the	agreement betwe	en Boards, 20-	10-126(2) MCA, signed by	
the school boards of both di							nd approval of the	County Transpo	ortation Committee in	
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bus operates on the rout	•						•	•	•	
Signature - Chair, Board of	Trustees							Date		
C	ounty Transi	portation	n Committee Appr	oval as r	equired in	accordance	with Section 2	0-10-132. MC	SA .	
This Application for Regi	stration of Sc	hool Bus	and State Reimbu							
area assigned to it by the Signature - Chair, County Tr		_						Date		



This form is required in accorda receives state reimbursement e								one form for e	ach bus route that
		ough ha	risportees of another	Ū	, ,				Rate Per Mile
Due Dates All Routes				Octobe	inty Supt er 1		To OPI October 15		\$1.36
County Name			County Number	r	District	Name			Legal Entity Number
Fergus			14		Grass	Range	Public Schls		0268 0269
Route #	Leng	th of Ro	ute (miles per day)				☐ Bus Route Mil		Rated Capacity
1	80				□ Non Bus Mile Bus Route Mileage			age	66
Vehicle I.D. #		License	e #		District			District Owr	ied
1639		449				ct - If so, N cted rate p	lame of Owner per mile		
Reimbursement Distribution- En	ter the	e legal e		centage o			oursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity		Legal E	Entity	nust matt	Legal E			Legal Enti	ty
0268			0269						
% 60.00		%	40.00		%			%	
PASSENGER INFORMATION		,,,			,,,			,,	
Number of Preschool/Kindergar riding this route	ten pu	pils	ELEMENTAR` (Grades I		S	Н	IIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMB	FR			b NUMBER		c a + b
Regular (include eligible Preschool/hriders)	Kinderga	arten							
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service	Э							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)		3							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten ri	iders)							
TOTAL RIDERS									
TOTAL RIBERG									
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from soli We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts show understand route changes of accordance with 20-10-132, MCA.	We furth us and I meets the ensed, conditions of the laws as district all be a courring	her certify bus route the minim qualified a reausing s, rules o the things are the things the things the things the things the things the thing the things the thing	If that this bus transports by the State Superinter rum standards as establiand approved driver to on others to solicit students regulations governing sound transports students from the county superintendies school year require the	pupils elig ndent; to m ished by the perate suc is from othe school tran- om outside dent's copy e filing of a	ible for sch ake such re e Board of h vehicle a er transport sportation the district of this doo n amended	eports to the Public Educe s required be tation areas will be suffice, a copy of the tation areas the tation areas and the tation areas are the tation areas are the tation areas are the tation are the	rtation as defined by a State Superintende cation, the Montana log 20-10-103, MCA. cient cause for withher the agreement between and approval of the	20-10-101, MC ent and County Highway Patrol olding of state a een Boards, 20- County Transp	A. Superintendent as are and the State Ind county reimbursement for 10-126(2) MCA, signed by contation Committee in
I certify that this application for r bus operates on the route as ap									
Signature - Chair, Board of Trustees		•	·				•	Date	
This Application for Registration	of Sch	hool Bus							
area assigned to it by the Count Signature - Chair, County Transporta								Date	



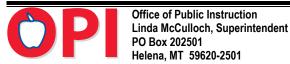
This form is required in accordance receives state reimbursement ever		, I	,		•				
Due Dates: All Routes	:		To Co Octob	ounty Supt er 1	To OPI October 15		Rate Per Mile \$1.15		
County Name		County Number	er	District	Name		Legal Entity Number		
Fergus		14			Range Public Schls		0268 0269		
Route #	Length of R	toute (miles per day)		Type of	Service Bus Route Mil Non Bus Milea	•	Rated Capacity		
	92.6		1	Bus R	oute Mileage	54			
Vehicle I.D. # 0926				□ District Owned □ Contract - If so, Name of Owner □ Contracted rate per mile					
Reimbursement Distribution- Ente		entity number and per				aid to each dis	trict. Note: Percentages		
Legal Entity				tch budget Legal E	!	Legal Entity			
0268	Logai	0269		Loga. L	·······y	Logar Linux	,		
% 60.00	60.00 % 40.00			%		%			
PASSENGER INFORMATION	70	40.00		70		70			
Number of Preschool/Kindergarte riding this route	en pupils	ELEMENTAF (Grades		RS	HIGH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS		
	a NUMB				b NUMBER		c a+b		
Regular (include eligible Preschool/Kir riders)	ndergarten	1401011	DLIX		NOWBER		a · b		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related S	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., ur miles OR nonresident and no attendar agreement) (Include ineligible Preschool/Kinderga	nce								
Nonpublic School Riders (ineligible)	interi fidera)								
TOTAL RIDERS									
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I certify that this application for re bus operates on the route as app									
Signature - Chair, Board of Trustees					o and your processing from	Date			
County Tr This Application for Registration of area assigned to it by the County	of School Bu	us and State Reimbur			accordance with Section 2 eviewed and I certify that this				
Signature - Chair, County Transportation						Date			



This form is require	d in accordance	with Title 2	20, Chapter 10, Part 1	1. MCA.	School dis	strict official	must complete o	ne form for ea	ach bus route that
			nsportees of another						Rate Per Mile
	Due Dates: All Routes			To Co Octob	unty Supt er 1		To OPI October 15		\$0.95
County Name			County Number	r	District	Name			Legal Entity Number
Fergus			14		Grass	Range Pi	ublic Schls		0268 0269
Route #	Le	ngth of Ro	oute (miles per day)			Service [Bus Route Mil		Rated Capacity
3	12	23.4			Bus R	oute Milea	□ Non Bus Milea age	ige	21
Vehicle I.D. # License #				□ District			istrict Own	ed	
2642 404					ct - If so, Na cted rate per	me of Owner mile			
Reimbursement Distribution- Enter the legal entity number							sement to be pa	id to each dis	trict. Note: Percentages
Legal Entity Legal Entity				must mat	Legal Entity Legal			Legal Entit	у
			0269						
% 60.00 % 40			40.00		%			%	
PASSENGER INFO	10.00		70			70			
Number of Preschool/Kindergarten pupils riding this route			ELEMENTAR` (Grades l		RS	HIG	Grades 9-12)		TOTAL ELIGIBLE RIDERS
			a NUMB		b NUMBER			c a+b	
Regular (include eligible Preschool/Kindergarten riders)							NOMBLIX		a i b
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs	s (WC)								
Non-WC IEP Lists Tra	ns as Related Serv	vice							
TOTAL ELIGIBLE	RIDERS								
Ineligible Public School									
agreement) (Include ineligible Pres	school/Kindergarte	n riders)							
Nonpublic School Ride	ers (ineligible)								
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees									
	County Tran	sportation	n Committee Approv	val as re	quired in	accordance	with Section 2	0-10-132, MC	:A.
area assigned to it l	Registration of S by the County Tr	School Bus ansportation	s and State Reimburs on Committee.						within the transportation
Signature - Chair, Cou	unty Transportation	Committee						Date	



			T ''' 00	01 1 10 5 11 1							
				Chapter 10, Part 1, I portees of another leg							
	Due Dates	s:		-	To Cou	inty Supt	:	То ОРІ		Rate Per Mile	
	All Routes			,	Octobe	er 1		October 15		\$0.95	
County Name				County Number		District	Name			Legal Entity Number	
Fergus				14		Grass	Range P	ublic Schls		0268 0269	
Route #		Length	of Route	(miles per day)	miles per day) Type of Service 🗆 E			☐ Bus Route Mil		Rated Capacity	
5	5 124.5					Bus R	oute Mile	☐ Non Bus Milea age	age	47	
Vehicle I.D. # License			icense #			District	Owned		istrict Own	ed	
8659		3	72				ct - If so, Na cted rate pe	ame of Owner er mile			
Reimbursement D	istribution- En	egal entit					rsement to be pa	aid to each dis	strict. Note: Percentages		
Legal Entity	Legal Entity Legal E				st mato	h budget Legal E			Legal Entit	у	
0268	}		(0269							
% 60.00)		% 40	0.00		%			%		
PASSENGER INFORMATION				5.00		70			7.0		
Number of Preschool/Kindergarten pupils riding this route			s	ELEMENTARY F (Grades PK		S	HI	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
	a a					b				С	
Regular (include eligible Preschool/Kindergarten				NUMBER NU			NUMBER		a + b		
riders) 1st Wheelchair (WC)											
2nd Wheelchair (WC	•										
Additional Wheelcha	,										
Non-WC IEP Lists Ti	rans as Related	Service									
TOTAL ELIGIBLE	RIDERS										
Ineligible Public Schemiles OR nonresider											
agreement) (Include ineligible Pr			are)								
Nonpublic School Ri		arten nac	,13)								
TOTAL RIDERS											
County Transportation We agree to superequired; to provide a superintendent; and We also agree to We understand the superintendent was route. We agree that if the school boards of We understand roughly superintendent was superintendent.	We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for										
	pplication for r									edge and belief, and the	
bus operates on the Signature - Chair, Bo			by and wi	thin the transportatio	n servi	ce area a	ssigned by	the County Tran	sportation Cor Date	nmittee.	
	or Registration	of Scho	ol Bus ar							CA. within the transportation	
area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee									Date		



Date

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.15 Legal Entity Number County Name County Number District Name Grass Range Public Schls 0268 0269 Fergus Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 59 115.2 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 1261 143 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0268 0269 40.00 % % % 60.00 % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades 9-12) **ELIGIBLE RIDERS** (Grades PK-8) riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee



				hapter 10, Part 1, MC rtees of another legal					one form for e	ach bus route that Rate Per Mile
	Due Dates: All Routes				County S	Supt		To OPI October 15		\$0.95
County Name				County Number	Dis	strict N	Jame			Legal Entity Number
				·						
Fergus			14			Public So Service	chools Bus Route Mil	0000	0273 0274 Rated Capacity	
Route # Length of Route (miles per day)	Тур	pe or		Non Bus Milea		Rated Capacity	
1 120.6					Bu	ıs Ro	oute Milea	age		48
Vehicle I.D. #		Licens	se#				Owned		istrict Owr	ied
0174		345					t - if so, ivar ted rate per	me of Owner mile		
Reimbursement Di	stribution- Ente	er the legal of	entity r		ge of state			sement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity		Legal	Entity			gal En			Legal Enti	ty
0273			02	74						
% 60.00		%	40.0	00	C.	%			%	
PASSENGER INFO	ORMATION				-					
Number of Preschool/Kindergarten pupils riding this route				ELEMENTARY RID (Grades PK-8)			HIG	Grades 9-12		TOTAL ELIGIBLE RIDERS
			a			b				С
Regular (include eligit	NUMBER				NUMBER		a + b			
riders) 1st Wheelchair (WC)										
, ,										
2nd Wheelchair (WC)										
Additional Wheelchair	rs (WC)									
Non-WC IEP Lists Tra	ans as Related Se	ervice								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Scho miles OR nonresident										
agreement)										
(Include ineligible Pre Nonpublic School Rid	eschool/Kindergar lers (ineligible)	ten riders)								
TOTAL RIDERS										
101/1211152110										
County Transportation We agree to super	n Committee. We rvision of this bus	further certi and bus rout	ify that t te by th	he route established by the this bus transports pupils be State Superintendent;	eligible fo to make su	or scho auch re	ool transporta ports to the S	tion as defined by tate Superintende	20-10-101, MC ent and County	A. Superintendent as are
Superintendent, and t We also agree to r	to provide a licens refrain from solicit	sed, qualified ting or causin	d and ap	andards as established be oproved driver to operate rs to solicit students from	such vehi other tran	icle as	required by 2 ation areas.	20-10-103, MCA.	,	
this bus route.		,	Ü	0 0					· ·	nd county reimbursement for
the school boards of b	both districts shall	I be attached	to the	county superintendent's	copy of thi	is doci	ument.	· ·		10-126(2) MCA, signed by ortation Committee in
We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the										
				of bus and state reimb in the transportation s						
Signature - Chair, Boa								•	Date	
	County Tra	ansportatio	on Cor	mmittee Approval as	require	d in a	ccordance	with Section 2	20-10-132. MC	CA.
	County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.									
Signature - Chair, Co	unty Transportation	on Committee	е						Date	



		T''		0 1 1 1	· · · · · · · · · · · · · · · · · · ·			
This form is required in accord receives state reimbursement						one form for ea	ach bus route that	
Duo Det	.	J	To C	acomber Scom	To ODI	I	Rate Per Mile	
Due Dat All Route				ounty Sup ber 1	t To OPI October 15	:	\$0.95	
County Name			County Number	District	Name		Legal Entity Number	
,								
Fergus Route #	Lengt	h of Pout	te (miles per day)		e Public Schools f Service Bus Route Mi	iloago	0273 0274 Rated Capacity	
				Type of	□ Non Bus Mile			
3			Bus R	Route Mileage		48		
Vehicle I.D. #		_icense #	ŧ	□ District	t Owned	District Own	ed	
9668		520			cted rate per mile			
Reimbursement Distribution-	Enter the	legal enti				aid to each dis	trict. Note: Percentages	
Legal Entity		Legal En		atch budget Legal E		Legal Entity	V	
0273			0274	Logai	incy	Logar Link	,	
% 60.00		% 4	40.00	%		%		
PASSENGER INFORMATION	N		ELEMENTARY RIDE	RS	HIGH SCHOOL R	IDERS	TOTAL	
Number of Preschool/Kinderg	arten pup	ils	(Grades PK-8)		(Grades 9-12		ELIGIBLE RIDERS	
riding this route								
					b			
Regular (include eligible Preschoo	ol/Kinderga	rten	NUMBER	NUMBER		a + b		
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
` ,								
Non-WC IEP Lists Trans as Relate	ed Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e miles OR nonresident and no atte								
agreement)								
(Include ineligible Preschool/Kinde Nonpublic School Riders (ineligible Nonpublic Riders (ineligible Nonpublic Riders (ineligible Nonpublic Riders (ineligible Nonpublic Riders (ineligible Riders (inelig		lers)						
TOTAL RIDERS								
We hereby certify that this bus County Transportation Committee					ustees and within the transporta			
We agree to supervision of this	s bus and b	us route b	y the State Superintendent; to	make such r	eports to the State Superintend	ent and County S	Superintendent as are	
required; to provide a vehicle which Superintendent; and to provide a l	licensed, qu	ualified and	d approved driver to operate s	such vehicle a	is required by 20-10-103, MCA.	Highway Patrol a	and the State	
We also agree to refrain from s We understand that violations					tation areas. will be sufficient cause for withh	olding of state ar	nd county reimbursement for	
this bus route. We agree that if this route cros	ses district	lines and	transports students from outs	ide the distric	t, a copy of the agreement betw	reen Boards, 20-1	10-126(2) MCA, signed by	
the school boards of both districts We understand route changes						County Transno	ortation Committee in	
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I certify that this application for bus operates on the route as	•				•	•	•	
Signature - Chair, Board of Truste						Date		
County This Application for Registration					accordance with Section accordance with Section accordance with Section according to the section accordance with Section accor			
area assigned to it by the Cou	unty Trans	sportation			, ,			
Signature - Chair, County Transportation Committee Date								



This form is required in accordant receives state reimbursement events.							one form for e	ach bus route that	
	ŭ	ransportees o	· ·	, ,				Rate Per Mile	
Due Dates All Routes			Octob	er 1	I	To OPI October 15		\$0.95	
County Name		Count	y Number	District	Name			Legal Entity Number	
Fergus		14		Moore	e Public So	chools		0273 0274	
Route #	Length of F	Route (miles p	er day)	Type of Service ☐ Bus Route Mileage				Rated Capacity	
2	73.8			Buc B		☐ Non Bus Mile	age	48	
Vehicle I.D. #	Licen	se #		☐ District	Coute Miles		District Own		
4570 222				□ Contra		me of Owner			
Reimbursement Distribution- En	ter the legal	entity number	ntity number and percentage of state/county reimbursement to be paid to each district. Note: Percentage						
Legal Entity	Lega	I Entity	must ma	tch budget Legal E			Legal Entit	tv	
0273	0274			,					
% 60.00	%	40.00		%			%		
PASSENGER INFORMATION		ELEI	MENTARY RIDER	RS	HIC	GH SCHOOL RI	DERS	TOTAL	
Number of Preschool/Kindergart riding this route	ten pupils		(Grades PK-8)			(Grades 9-12	2)	ELIGIBLE RIDERS	
Inding this route									
			a NUMBER			b NUMBER		c a + b	
Regular (include eligible Preschool/K	Kindergarten								
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., u									
miles OR nonresident and no attenda agreement)									
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten riders)								
TOTAL RIDERS									
We hereby certify that this bus will County Transportation Committee.									
We agree to supervision of this but required; to provide a vehicle which re									
Superintendent; and to provide a lice We also agree to refrain from soli						20-10-103, MCA.			
We understand that violations of this bus route.						nt cause for withh	olding of state a	nd county reimbursement for	
We agree that if this route crosses					, , ,	e agreement betw	een Boards, 20-	10-126(2) MCA, signed by	
the school boards of both districts sh We understand route changes oc						nd approval of the	County Transpo	ortation Committee in	
accordance with 20-10-132, MCA. I certify that this application for records.	registration o	f school bus a	and state reimburs	sement is t	rue and com	plete to the bes	t of my knowle	edge and belief, and the	
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Signature - Chair, Board of Trustees	Signature - Chair, Board of Trustees Date								
			e Approval as re						
This Application for Registration area assigned to it by the Count				as been re	eviewed and	I certify that this	s bus operates	s within the transportation	
Signature - Chair, County Transporta							Date		



This form is required in accordance receives state reimbursement		,			•	one form for e	ach bus route that			
Due Da All Rout				ounty Sup ber 1	t To OPI October 15		Rate Per Mile \$0.95			
County Name			County Number	District	Name		Legal Entity Number			
Fergus			14		e Public Schools		0273 0274			
Route #					f Service Bus Route Mi Non Bus Mile	-	Rated Capacity			
2 A			Bus F	Route Mileage	District Own	48				
Vehicle I.D. # License # 7252 222					t Owned I ct - If so, Name of Owner cted rate per mile	ed				
Reimbursement Distribution-	Enter the leg	al entity r		of state/co	unty reimbursement to be p	aid to each dis	strict. Note: Percentages			
Legal Entity Legal I			must ma	Legal E		Legal Entit	у			
% 60.00		% 40.0	00	%		%				
PASSENGER INFORMATION		70 40.0	,,,	70		70				
Number of Preschool/Kinderg	arten pupils		ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS			
					b NUMBER		c a + b			
Regular (include eligible Preschool riders)		NUMBER		NOMBER		a + b				
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Relat	ed Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e miles OR nonresident and no atte										
agreement) (Include ineligible Preschool/Kinden Nonpublic School Riders (ineligible)								
TOTAL RIDERS										
TOTAL RIDERS										
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	I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the									
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date										
County	/ Transports	tion Cor	nmittee Approval so	oquired in	accordance with Section	20_10_132 M/C	`^			
This Application for Registrati area assigned to it by the Cou	on of School	Bus and	State Reimbursement							
Signature - Chair, County Transpo						Date				



receives state reimbursement e Due Date All Routes	even thoug es:		ortees of another legal of		lize the serv			Rate Per Mile \$0.95		
All Routes				DDEI I		October 15		ψ0.93		
County Name			County Number	District I	Name			Legal Entity Number		
Fergus			14	Roy K	-12 Scho	ols		0280		
Route #	Length	of Route	(miles per day)		Service [☐ Bus Route Mile		Rated Capacity		
1 West	44			Bus R	oute Mile	□ Non Bus Milea aαe	ige	30		
Vehicle I.D. #	Vehicle I.D. # License #				Owned	D	istrict Own	ed		
3790			ct - If so, Na cted rate pe	me of Owner r mile						
Reimbursement Distribution- E	nter the le	gal entity		e of state/cou	unty reimbu		id to each dis	trict. Note: Percentages		
Legal Entity	Le	egal Entit		atch budget! Legal Er			Legal Entit	у		
0280		Ü	•		•					
% 100.00		%		%			%			
PASSENGER INFORMATION			ELEMENTA DV DID	-00	1.112		2500	TOTAL		
Number of Preschool/Kindergariding this route	Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY RIDE (Grades PK-8)	=RS	HIC	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS		
					b NUMBER			c a+b		
Regular (include eligible Preschool/Kindergarten riders)			NUMBER			HOMBER		u i b		
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	d Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinder	dance	·s)								
Nonpublic School Riders (ineligible))	0)								
TOTAL RIDERS										
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			ommittee Approval as							
This Application for Registration area assigned to it by the Coun				has been re	viewed and	I certify that this	bus operates	within the transportation		
		area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date								



This form is requir	ed in accordar	nce with Ti	tle 20, 0	Chapter 10, Part 1, MCA	A. School d	strict official	must complete of	one form for e	ach bus route that
receives state rein	nbursement ev Due Dates	•	transpo	ortees of another legal o	entity may u County Sup		rices.		Rate Per Mile
	All Routes			Octo	ober 1		October 15		\$0.95
County Name				County Number	Distric	Name			Legal Entity Number
Fergus				14	Roy l	K-12 Schoo	ols		0280
Route # Length of Route			(miles per day)	Type of Service ☐ Bus Route M☐ Non Bus Mile			-	Rated Capacity	
2 north 92				Bus F	Route Mile	age	Ü	35	
Vehicle I.D. #		Lice	ense #		□ Distric		me of Owner	District Own	ned
3709		363			□ Contra	acted rate pe	r mile		
Reimbursement D	istribution- Ent	ter the lega	al entity		e of state/conatch budge		rsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity 0280		Leg	ıal Entity		Legal E			Legal Entit	ty
% 100.00	`		%		%			%	
PASSENGER INF			70		70			70	
Number of Preschool/Kindergarten pupils riding this route				ELEMENTARY RIDI (Grades PK-8)	ERS	HIC	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
, and the second	luling this route			a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/Kindergarten riders)				NUMBER			NONDLIN		a i b
1st Wheelchair (WC))								
2nd Wheelchair (WC	()								
Additional Wheelcha	irs (WC)								
Non-WC IEP Lists Tr	ans as Related	Service							
TOTAL ELIGIBLE	RIDERS								
Ineligible Public Scho miles OR nonresider									
agreement) (Include ineligible Pre	eschool/Kinderga	arten riders))						
Nonpublic School Ric	ders (ineligible)								
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the									
bus operates on the	ne route as app			hin the transportation se				sportation Co	
Signature - Chair, Bo	oard of Trustees							Date	
	County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.								
Signature - Chair, County Transportation Committee Date									



This form is required in accorda							one form for ea	ach bus route that	
receives state reimbursement e	ven tho	ugn transp	ortees of another legal em	uty may uti	ilize trie sei	vices.		Rate Per Mile	
Due Dates All Routes			To Co Octob	unty Supt er 1		To OPI October 15		\$0.95	
County Name			County Number	District	Name			Legal Entity Number	
Fergus			14	Roy K	-12 Scho	ools		0280	
Route #	Lengt	h of Route	(miles per day)	Type of		leage age	Rated Capacity		
3 East					oute Mile			36	
Vehicle I.D. # License #				□ District			District Own	ed	
5706 324					ct - if so, in cted rate pe	ame of Owner er mile			
Reimbursement Distribution- En	ter the	legal entity				ursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity Legal Enti				ch budget! Legal Er			Legal Entit	У	
% 100.00		%		%			%		
PASSENGER INFORMATION			EL EMENTARY RISE			0110011001	DEDC	TOTAL	
Number of Preschool/Kindergar riding this route	ten pup	ils	ELEMENTARY RIDER (Grades PK-8)	(S	HI	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
				a NUMBER				c a + b	
Regular (include eligible Preschool/k riders)	rten								
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance	lore)							
Nonpublic School Riders (ineligible)	janten nu	1613)							
TOTAL RIDERS									
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bus operates on the route as ap Signature - Chair, Board of Trustees	proved								
oliginature - Olidii, Dodlu di Trustees	Signature - Chair, Board of Trustees								
This Application for Registration area assigned to it by the Count	County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. his Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation rea assigned to it by the County Transportation Committee.								
Signature - Chair, County Transporta	ation Cor	mmittee					Date		



This form is required in accorda receives state reimbursement e						mplete one form for	each bus route that		
	•	girtianspe	•				Rate Per Mile		
Due Date All Routes				ounty Supt ber 1	To OPI Octobe		\$0.95		
County Name			County Number	District	Name		Legal Entity Number		
Fergus			14	Roy K	-12 Schools		0280		
Route #	Length of	of Route	(miles per day)		Service □ Bus R	oute Mileage	Rated Capacity		
3 Fast B	B East B 108			Rus R	□ Non B oute Mileage	Bus Mileage	36		
Vehicle I.D. # License #				ı ,	Owned	District Ow			
5706	32	24			ct - If so, Name of O cted rate per mile				
Reimbursement Distribution- Er	nter the le	gal entity		e of state/co atch budget		to be paid to each d	istrict. Note: Percentages		
Legal Entity	Le	egal Entity		Legal E		Legal En	tity		
0280	0280								
% 100.00	% 100.00 %			%		%			
PASSENGER INFORMATION						_	_		
Number of Preschool/Kindergarten pupils riding this route			ELEMENTARY RIDE (Grades PK-8)	ERS		OOL RIDERS les 9-12)	TOTAL ELIGIBLE RIDERS		
			a NUMBER		NIII	b MBER	c a + b		
Regular (include eligible Preschool/Kindergarten			NONBLIC		NO	WIDEN	a · b		
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)									
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		rs)							
TOTAL RIDERS									
We hereby certify that this bus we County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lice. We also agree to refrain from sol We understand that violations of	We further ous and bus meets the lensed, qualiciting or ca	certify that s route by the minimum selified and a ausing othe	this bus transports pupils of the State Superintendent; to tandards as established by approved driver to operate sers to solicit students from of	eligible for sch make such re the Board of such vehicle a other transport	nool transportation as deports to the State Sup Public Education, the Nos required by 20-10-10 tation areas.	efined by 20-10-101, M perintendent and County Montana Highway Patro 3, MCA.	CA. / Superintendent as are Il and the State		
this bus route. We agree that if this route crosse the school boards of both districts sl We understand route changes of	hall be attac	ched to the	county superintendent's co	opy of this doo	cument.				
accordance with 20-10-132, MCA. I certify that this application for the appropriate on the route of an									
Signature - Chair, Board of Trustees	bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date								
County This Application for Registration area assigned to it by the County	of Schoo	ol Bus and							
Signature - Chair, County Transport						Date			



This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that		
Due Dates All Routes				County Sup ober 1	t To OPI October 15		Rate Per Mile \$0.95		
County Name			County Number	District	Name		Legal Entity Number		
Fergus			14	Dento	n Public Schools		0281 0282		
Route #	te # Length of Route (miles per day)				f Service Bus Route Mi	•	Rated Capacity		
1a	1a 102				□ Non Bus Mile Route Mileage	age	42		
Vehicle I.D. # License #				□ Distric	t Owned [District Own	ed		
2997	16	4			ct - If so, Name of Owner cted rate per mile				
Reimbursement Distribution- En	iter the leg	al entity		er and percentage of state/county reimbursement to be paid to each district. Note: Perce must match budget!					
Legal Entity	Leç	gal Entity		Legal E		Legal Entit	у		
0281		02	.02						
% 70.00		% 30.0	00	%		%			
PASSENGER INFORMATION						2520	T0T11		
Number of Preschool/Kindergarten pupils riding this route			ELEMENTARY RIDE (Grades PK-8)	:RS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
			a NUMBER		b NUMBER		c a + b		
Regular (include eligible Preschool/Kindergarten			NONBER		NOMBER		a · b		
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance)							
TOTAL RIDERS									
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County 1 This Application for Registration area assigned to it by the Count	of School	Bus and	State Reimbursement		accordance with Section 2 eviewed and I certify that this				
Signature - Chair, County Transporta	ation Comm	ittee				Date			



This form is required in accorda receives state reimbursement e							one form for e	ach bus route that	
Due Dates		, ag., a.a., a		•	nty Supt			Rate Per Mile	
All Routes				Octobe	, .	October 15		\$0.95	
County Name			County Number		District	Name		Legal Entity Number	
Fergus			14		Dento	n Public Schools		0281 0282	
Route #	Leng	th of Rout	e (miles per day)			Service Bus Route Mi		Rated Capacity	
5 104					Bus R	□ Non Bus Mile coute Mileage	age	48	
Vehicle I.D. #	!		District	Owned [District Own	ed			
8759 408				□ Contract - If so, Name of Owner□ Contracted rate per mile					
Reimbursement Distribution- Er	nter the	e legal enti	ntity number and percentage of state/county reimbursement to be paid to each district. Note: Percenta must match budget!						
Legal Entity		Legal En	tity		Legal E		Legal Entit	ty	
0281			0282						
% 70.00		% 3	80.00		%		%		
PASSENGER INFORMATION			EL EMENTA DV.	DIDED		HIGH SCHOOL D	DEDC	TOTAL	
Number of Preschool/Kindergar riding this route	ten pu	pils	ELEMENTARY I (Grades Pk		•	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBEF			b NUMBER		c a + b	
Regular (include eligible Preschool/Kindergarten			NOWIDE	NOWIDER INCIVIDE				a · b	
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service	9							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend		1							
agreement) (Include ineligible Preschool/Kinderc	arten ri	ders)							
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
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County 1 This Application for Registration area assigned to it by the County	of Sch	nool Bus a	and State Reimbursen			accordance with Section as eviewed and I certify that this			
Signature - Chair, County Transport			Oommillee.				Date		



This form is require	ed in accordance	ce with Title	e 20, 0	Chapter 10, Part 1, MCA	A. So	chool dis	strict officia	I must complete	one form for ea	ach bus route that
receives state reim	bursement eve	en though t	ranspo	ortees of another legal of	,	,		rvices.		Rate Per Mile
	Due Dates: All Routes				Coun ober	ity Supt	:	To OPI October 15		\$0.95
County Name				County Number		District	Name			Legal Entity Number
Fergus				14		Dento	n Public	Schools		0281 0282
Route #	3						Service	□ Bus Route Mi		Rated Capacity
3 64						Rue P	oute Mile	☐ Non Bus Mile	age	20
Vehicle I.D. # License #					T -		Owned		District Own	
2205		273					ct - If so, Na cted rate pe	ame of Owner er mile		
Reimbursement Di	stribution- Ente	er the legal	entity					ursement to be p	aid to each dis	trict. Note: Percentages
Legal Entity Legal Entity						budget Legal E			Legal Entit	y
0281				282		Ū	•			
0/ 70.00		0/	00	00		0/			0/	
% 70.00 PASSENGER INFO	ORMATION	%	30.	.00		%			%	
				ELEMENTARY RIDI	ERS		HI	GH SCHOOL RI		TOTAL ELIGIBLE RIDERS
Number of Preschoriding this route	ooi/Kindergarte	n pupiis		(Grades PK-8)				(Grades 9-12)	ELIGIBLE RIDERS
				a				b		С
Regular (include eligi	ble Preschool/Kin	ndergarten		NUMBER				NUMBER		a + b
riders) 1st Wheelchair (WC)										
2nd Wheelchair (WC)	1									
Additional Wheelchair										
Non-WC IEP Lists Tra	. ,	ervice								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Scho	ol Riders (i.e., un	nder 3								
miles OR nonresident agreement)	t and no attendan	nce								
(Include ineligible Pre		rten riders)								
TOTAL RIDERS										
10171211152110										
County Transportation We agree to super required; to provide a	n Committee. We rvision of this bus vehicle which me	e further cer and bus ro eets the min	tify that ute by t iimum s	the route established by the t this bus transports pupils the State Superintendent; to standards as established by	eligib o mal y the	le for sch ke such r Board of	ool transport eports to the Public Educa	tation as defined by State Superintende ation, the Montana	20-10-101, MC ent and County S	A. Superintendent as are
We also agree to	refrain from solicit	ting or causi	ing othe	approved driver to operate ers to solicit students from oulations governing school to	other	transport	ation areas.		olding of state ar	nd county reimbursement for
We agree that if the the school boards of live understand room	We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in									
	plication for req									edge and belief, and the
bus operates on the Signature - Chair, Boa		roved by a	nd with	hin the transportation se	ervice	e area a	ssigned by	tne County Tran	sportation Cor Date	nmittee.
This Application for				ommittee Approval as						A. within the transportation
area assigned to it	by the County	Transporta	ation C			2001110	owod and	oorary arat aris		a are transportation
Signature - Chair, Co	unty Transportation	on Committe	ee						Date	



				hapter 10, Part 1, MCA					one form for e	ach bus route that
receives state rein	nbursement ever	n though tra	anspo	rtees of another legal o		, ,		vices. To OPI		Rate Per Mile
	All Routes			Octo		nty Supt		October 15		\$0.95
County Name				County Number		District	Name			Legal Entity Number
Fergus				14		Dento	n Public S	Schools		0281 0282
Route #	L	ength of R	oute (miles per day)		Type of		☐ Bus Route Mi		Rated Capacity
2a	6	62			☐ Non Bus Milea Bus Route Mileage				ay c	48
Vehicle I.D. #		Licens	e #		1 -	District			District Owr	ied
8761		20					ct - If so, Na cted rate pe	ame of Owner er mile		
Reimbursement D	istribution- Ente	r the legal e	entity i			state/co		rsement to be p	aid to each dis	strict. Note: Percentages
Legal Entity		Legal			ialci	Legal E			Legal Enti	ty
0281			02	82						
% 70.00		%	30.0	00		%			%	
PASSENGER INF									***	_
Number of Presch riding this route	ool/Kindergarter	n pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	;	HI	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
		-		a				b		С
Regular (include elig	ible Preschool/Kine	dergarten		NUMBER			NUMBER		a + b	
riders) 1st Wheelchair (WC))									
2nd Wheelchair (WC	5)									
Additional Wheelcha	irs (WC)									
Non-WC IEP Lists Tr	rans as Related Se	ervice								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Scho miles OR nonresider										
agreement) (Include ineligible Pro										
Nonpublic School Ric		torr ridoro)								
TOTAL RIDERS										
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bus operates on the route as approved by and within the transportation ser Signature - Chair, Board of Trustees					JI VIC	c aita d	ssigned by	and County ITAII	Date	mmucc.
This Application fo				mmittee Approval as State Reimbursement						CA. s within the transportation
area assigned to it				ommittee.					Date	-
2.g Onan, OC	ranoportatio	55	-							



This form is required in accorda receives state reimbursement e							one form for ea	ach bus route that
Due Date All Routes				Coun ctober	nty Supt	t To OPI October 15		Rate Per Mile \$0.95
County Name County Number			County Number		District	Name		Legal Entity Number
Fergus			14		Dento	n Public Schools		0281 0282
Route #	Lengt	th of Rout	e (miles per day)		Type of	F Service □ Bus Route M □ Non Bus Mile		Rated Capacity
4b	80				Bus R	Coute Mileage	aye	48
Vehicle I.D. #		License #		_			District Own	ed
3523		87				ct - If so, Name of Owner cted rate per mile		
Reimbursement Distribution- Er	nter the	legal enti			state/co budget		oaid to each dis	strict. Note: Percentages
Legal Entity 0281		Legal Ent			Legal E		Legal Entit	у
0201			0202					
% 70.00		% 3	0.00		%		%	
PASSENGER INFORMATION			ELEMENTARY RI	DEBC		HIGH SCHOOL R	IDEBS	TOTAL
Number of Preschool/Kindergar riding this route	ten pup	oils	(Grades PK-8			(Grades 9-12		ELIGIBLE RIDERS
			a NUMBER		b NUMBEF			c a + b
Regular (include eligible Preschool/liriders)	Kinderga	ırten	NOWBER					ŭ .
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	lance	ders)						
TOTAL RIDERS								
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Signature - Chair, Board of Trustees	5						Date	
This Application for Registration area assigned to it by the Count	of Sch ty Trans	ool Bus a sportation	nd State Reimburseme			accordance with Section eviewed and I certify that this		
Signature - Chair, County Transport	ation Co	mmittee					Date	



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 Legal Entity Number County Name County Number District Name Denton Public Schools 0281 0282 Fergus Type of Service ☐ Bus Route Mileage Length of Route (miles per day) Route # Rated Capacity □ Non Bus Mileage 48 4a 85 **Bus Route Mileage** Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 3523 87 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0281 0282 30.00 % % % 70.00 % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С NUMBER NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



This form is required in accorda receives state reimbursement e									one form for e	ach bus route that
		ough th	анэрс		J	, ,				Rate Per Mile
Due Dates All Routes					Octobe	inty Supt r 1		To OPI October 15		\$0.95
County Name				County Number		District	Name			Legal Entity Number
Fergus				14		Dento	n Public	Schools		0281 0282
Route #	Leng	gth of R	oute	(miles per day)			Service	□ Bus Route Mil		Rated Capacity
2b	58					Rus R	oute Mi	☐ Non Bus Milea	age	48
Vehicle I.D. #		Licens	e #						District Owr	
8761		20					ct - If so, I	Name of Owner		
Reimbursement Distribution- Er	nter the	e legal e	entity		entage o	f state/co	unty reiml		aid to each dis	strict. Note: Percentages
Legal Entity		Legal	Fntity		ust mato	h budget Legal Ei			Legal Enti	tv
0281		Logai		282		Logar	intity		Logai Litti	· · ·
% 70.00		%	30.	00		%			%	
PASSENGER INFORMATION				ELEMENTARY	DIDED	9	l ı	HIGH SCHOOL RI	DERS	TOTAL
Number of Preschool/Kindergar riding this route	ten pu	ıpils		(Grades Pl		5	'	(Grades 9-12		ELIGIBLE RIDERS
namy the roate		-		a				b		С
				NUMBER			NUMBER			a + b
Regular (include eligible Preschool/kriders)	Kinderg	arten								
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service	е								
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend		3								
agreement)		idoro)								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garteri ii	iueis)								
TOTAL RIDERS										
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a licc We also agree to refrain from sol	We furth ous and meets t ensed, o iciting o	her certi bus rout the minir qualified or causin	fy that te by the mum so and a g othe	this bus transports pone State Superintender tandards as establish pproved driver to opers to solicit students to	oupils eligi lent; to mand hed by the erate sucl from othe	ible for sch ake such re e Board of h vehicle a er transport	ool transpo eports to th Public Edu s required tation areas	ortation as defined by the State Superintender cation, the Montana I by 20-10-103, MCA.	20-10-101, MC ent and County Highway Patrol	A. Superintendent as are and the State
We understand that violations of this bus route.	the law	s, rules	or regi	ulations governing scl	hool trans	sportation \	will be suffi	cient cause for withho	olding of state a	and county reimbursement for
We agree that if this route crosse the school boards of both districts st We understand route changes or	nall be a	attached	to the	county superintende	ent's copy	of this doc	cument.	· ·		
I certify that this application for registration of school bus and state reimburseme								•	•	
bus operates on the route as approved by and within the transportation servi Signature - Chair, Board of Trustees					on servi	ce area a	ssigned b	y the County Tran	sportation Co Date	mmittee.
This Application for Registration	of Scl	hool Bu	s and							
area assigned to it by the Count Signature - Chair, County Transport				ommittee.					Date	



			T 00	01 / 10 5 / 1						
				, Chapter 10, Part 1, sportees of another le						
	Due Dates	;:			To Cou	ınty Supi	t	To OPI		Rate Per Mile
	All Routes				Octobe	er 1		October 15		\$0.95
County Name				County Number		District	Name			Legal Entity Number
Fergus				14		Denton Public Schools				0281 0282
Route #		Length	of Rout	te (miles per day)		Type of		□ Bus Route Mil□ Non Bus Milea	•	Rated Capacity
1b		52				Bus R	oute Mile		age	42
Vehicle I.D. #		Li	icense #	ŧ		District		Eame of Owner	District Own	ed
2997		10	64				cted rate pe			
Reimbursement D	istribution- Ent	ter the le	egal ent			f state/co		irsement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity		L	egal En	tity	usi maid	Legal E			Legal Entit	у
0281				0282						
% 70.00)		% 3	30.00		%			%	
PASSENGER INF	ORMATION			ELEMENTARY.	0.0550		1			
Number of Presch riding this route	Number of Preschool/Kindergarten pupils riding this route		ls	ELEMENTARY (Grades Ph		S	HI	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
				а				b		С
	Regular (include eligible Preschool/Kindergarten				NUMBER N			NUMBER		a + b
riders) 1st Wheelchair (WC))									
2nd Wheelchair (WC	C)									
Additional Wheelcha	irs (WC)									
Non-WC IEP Lists T	rans as Related	Service								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Sch miles OR nonresider										
agreement) (Include ineligible Pr			ers)							
Nonpublic School Ri			,							
TOTAL RIDERS										
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the							A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in			
bus operates on the route as approved by and within the transportation se									sportation Cor	
Signature - Chair, Bo	Daid of Trustees								Date	
This Application for area assigned to i	or Registration	of Scho	ool Bus a							A. within the transportation
Signature - Chair, Co									Date	



This form is required in according receives state reimbursements						one form for e	
Due D All Ro	Dates: outes			ounty Sup ber 1	t To OPI October 15		Rate Per Mile \$0.95
County Name			County Number	District	Name		Legal Entity Number
Fergus			14		ed K-12 Schools		0291
Route #	Length of	of Route	(miles per day)	Type o	f Service Bus Route M Non Bus Mile		Rated Capacity
3	61.8			Bus F	Route Mileage	•	42
Vehicle I.D. #	Lic	ense#		□ District	t Owned act - If so, Name of Owner	District Own	ied
3580	20)6			acted rate per mile		
Reimbursement Distribution	n- Enter the le	gal entity		of state/co		oaid to each dis	strict. Note: Percentages
Legal Entity 0291	Le	egal Entity		Legal E		Legal Entit	ty
% 100.00		%		%		%	
PASSENGER INFORMATI	ON	,,					
Number of Preschool/Kinde riding this route	ergarten pupils	5	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		C
Regular (include eligible Preschool/Kindergarten			NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Re	lated Service						
TOTAL ELIGIBLE RIDERS	3						
Ineligible Public School Riders miles OR nonresident and no a							
agreement) (Include ineligible Preschool/Kii	ndergarten riders	rs)					
Nonpublic School Riders (inelig	jible)						
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees							
Cour This Application for Registra area assigned to it by the C	ation of Schoo	ol Bus and	d State Reimbursement		accordance with Section eviewed and I certify that thi		
Signature - Chair, County Transportation Committee Date							



1 copy State Supt. 1 copy County Supt. 1 copy School District

School Year 2003 - 2004

This form is required in accordance with Talle 20, Chapter 10, Part 1, MCA. School district official must complete one form for each buts route that receives state return to make a control register to another legal entity may utilize the services. Rate Per Mile All Routes County Number County Number County Number County Number County Number District Name Length of Route (miles per day) Type of Service Bus Route Mileage Rated Capacity Non Bus Mileage Rated Capacity Length of Route (miles per day) Type of Service Bus Route Mileage Rated Capacity Non Bus Mileage Rated Capacity Legal Entity Number Contract—I so Name of Owner Contract—I so Name of Owner Legal Entity Le	This form is require	ed in accordan	nce with Title	20 C	hanter 10 Part 1 MCA	Sc	hool die	strict official	must complete	one form for e	ach hus route that
Due Dates: All Routes County Name District Name Legal Entity Number All Winifred K-12 Schools O291 Type of Service Bus Route Mileage Non Bus Non Bus Mileage Non Bus										one form for e	
County Name County Name County Number District Name Legal Entity Number G291		Due Dates	:		To C	oun	ty Supt	:	To OPI		Rate Per Mile
Route # Length of Route (miles per day) Type of Service Disa Route Mileage Safe S		All Routes			Octo	ober	1		October 15		\$0.95
Reder Capacity Sa.4 Bus Route Mileage Rated Capacity Sa.4 Bus Route Mileage Rated Capacity Sa.4 Bus Route Mileage Rated Capacity Sa.5	County Name				County Number		District	Name			Legal Entity Number
Red Capacity Sa	Fergus				14		Winifr	ed K-12 S	Schools		0291
Vehicle LD. # License # District Owned District Owned S210 319 District Owned District Owned S210 Signification District Owned S210 Signification District Owned S210 Signification Significat			Length of F	Route (miles per day)		Type of				Rated Capacity
Vehicle I.D. # Liense # I.J. District Owned Contract Hs. N. Name of Owner Contracted rate per mile	4		83.4				Bus R			age	36
Reimbursement Distribution-Enter the legal entity number and percentage of state(county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity	Vehicle I.D. #	Į.	Licens	se#			District	Owned		District Own	ied
Legal Entity % 100.00 % % % % Months of Preschool/Kindergarten pupils (Grades PK-8) Number of Preschool/Kindergarten pupils (Grades PK-8) Regular (include eligible Preschool/Kindergarten pupils (Grades PK-8) NUMBER NUMBER NUMBER NUMBER NUMBER Regular (include eligible Preschool/Kindergarten riders) NUMBER NUMBER NUMBER Additional Wheelchairs (WC) 2nd Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS TOTAL ELIGIBLE RIDERS Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation area defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Toutice Cauthon, the Notional Highway Patrol and the State We also agree to refrain from acciditing or causing others to solicit schems from outside the district, a copy of the agreement between Boards, 20-10-101, MCA. We supper to supervision of this project intense and transports students from outside the district, a copy of the agreement between Boards, 20-10-102, MCA. We supper board of the laws, rules or regulations governing school transportation and approval of the County Transportation committee. We supper board of this population of causing others to solicit schems from outside the district, a copy of the agreement between Boards, 20-10-102 (2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's consequent in the route as approved by and within	5210		319					,			
Legal Entity Repulser (Include a Legal Entity Re	Reimbursement D	istribution- Ent	er the legal	entity i					irsement to be p	aid to each dis	strict. Note: Percentages
PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS (Grades PK-8) (Grades 9-12) (Grades 9-12) (ELIGIBLE RIDERS (Grades PK-8) (Grades 9-12) (G	Legal Entity		Legal	Entity						Legal Enti	ty
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Signature - Chair, County Transportation Committee Date		<u> </u>			ommuce.					Date	_



receives state reimbursement e Due Dates All Routes	ven though tra	nsportees of another le				ach bus route that Rate Per Mile \$1.15	
County Name		County Number	District N	ame		Legal Entity Number	
Fergus		14	Winifred	d K-12 Schools		0291	
Route #	Length of Ro	ute (miles per day)	Type of S	ervice Bus Route M		Rated Capacity	
2	115.4		Bus Ro	□ Non Bus Mile ute Mileage	eage	54	
Vehicle I.D. #	License	: #	□ District C	wned	District Own	ed	
8133	486			- If so, Name of Owner ed rate per mile			
Reimbursement Distribution- Er	nter the legal er			nty reimbursement to be p	oaid to each dis	trict. Note: Percentages	
Legal Entity	Legal E		ust match budget! Legal Ent	ity	Legal Entit	V	
0291		•		,		,	
% 100.00	%		%		%		
PASSENGER INFORMATION		E1 E14E14E14	2,252		10.500	7074	
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY (Grades Ph		HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			R	b NUMBER		c a+b	
Regular (include eligible Preschool/hriders)							
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance						
Nonpublic School Riders (ineligible)							
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This Application for Registration area assigned to it by the County	of School Bus	and State Reimburser		ccordance with Section ewed and I certify that the			
Signature - Chair, County Transports	ation Committee				Date		



receives state reimbursement of Due Date All Route:		oortees of another le		may utilize the y Supt		F	Rate Per Mile		
County Name			County Number		District Name			Legal Entity Number	
Fergus			14	V	Winifred K-12 Schools			0291	
Route #	Lengt	th of Route	(miles per day)	Т	Type of Service Bus Route I	e □ Bus Route Mile □ Non Bus Milea	ge	Rated Capacity 60	
Vehicle I.D. #		License #			District Owned		istrict Owne		
4947		26			Contract - If so Contracted rat	o, Name of Owner te per mile			
Reimbursement Distribution- E	nter the	legal entity				mbursement to be pa	id to each dist	trict. Note: Percentages	
Legal Entity 0291				ust match t	egal Entity		Legal Entity	Entity	
% 100.00		%			%		%		
PASSENGER INFORMATION			ELEMENTARY	RIDEPS		HIGH SCHOOL RIE	DERS	TOTAL	
Number of Preschool/Kinderga riding this route	arten pup	oils	(Grades Ph			(Grades 9-12)		ELIGIBLE RIDERS	
				R		b NUMBER		c a+b	
Regular (include eligible Preschool/ riders)	Regular (include eligible Preschool/Kindergarten riders)			NUMBER				u · b	
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	d Service	1							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attenagreement)	dance								
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This Application for Registratio	n of Sch	nool Bus ar	nd State Reimburser			ance with Section 2 and I certify that this			
area assigned to it by the Cour Signature - Chair, County Transpor			Committee.			T	Date		